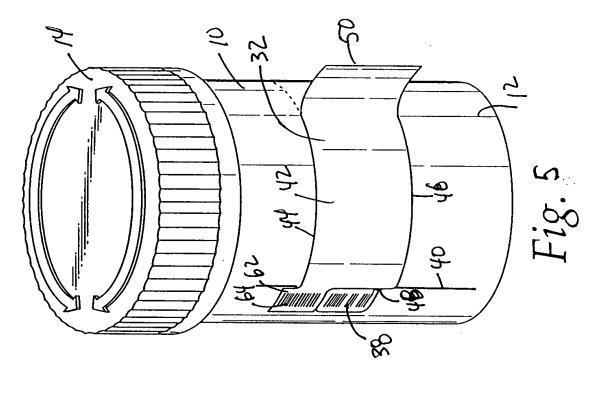


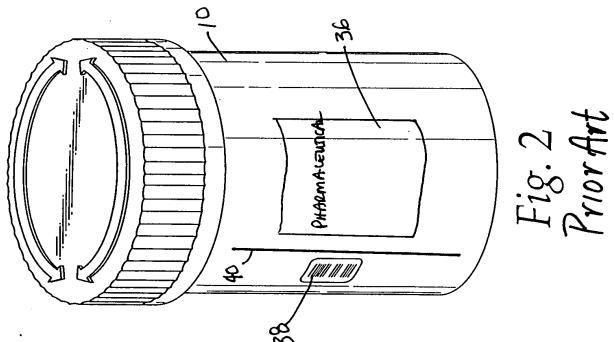
- 1

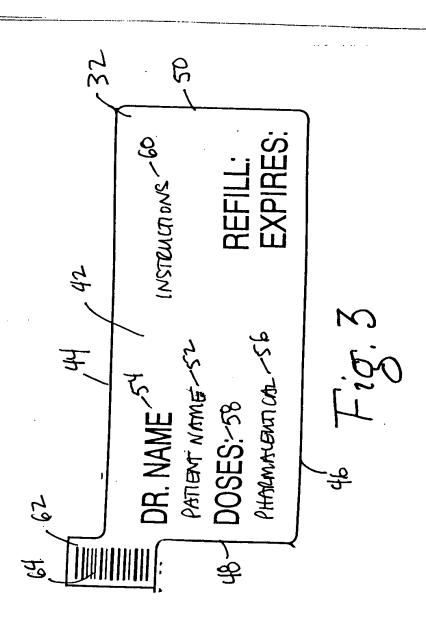
l..

. .



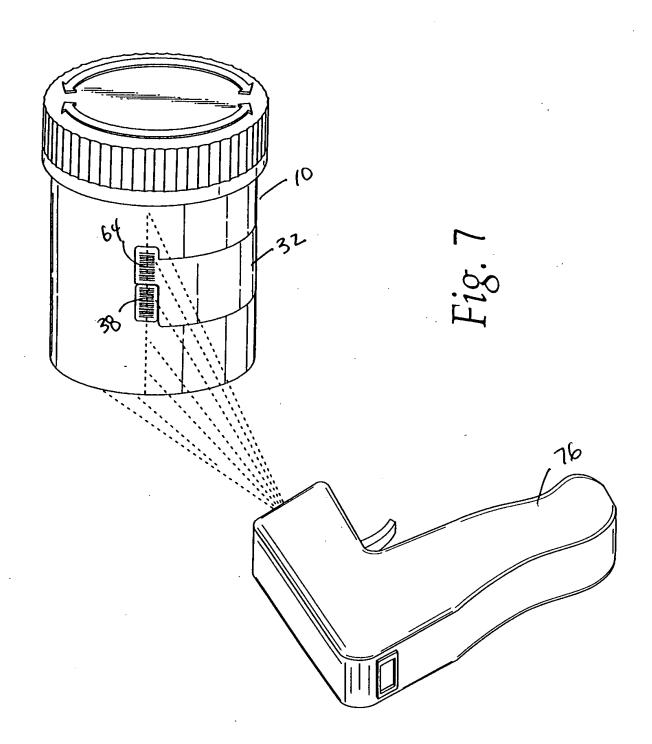
-1





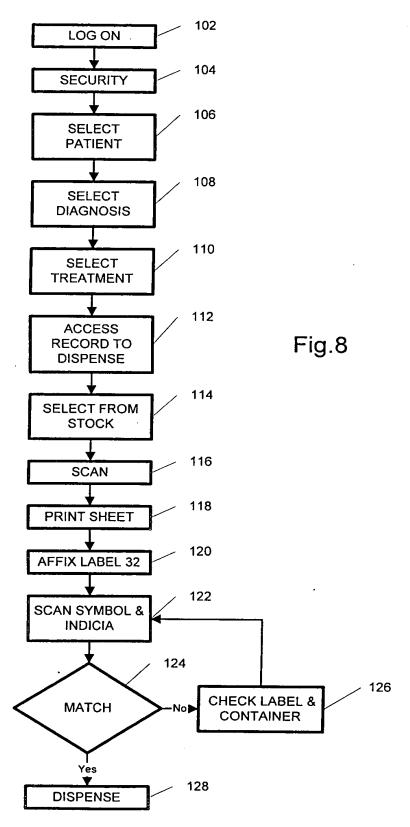
							•	
				,70				
		DR. NAME PATIENTNAME DOSES: PHARMACCUTICAL	(PSTEXCTION REFILL: EXPIRES: CHG:	AUDIT LOG ADDITIONAL LABEL	PATIE DOSES	nt nume "	REFILL: EXPIRES: CHG:	
		DR. NAME PATTENT NAME DOSES: ATTREMALEUTICAL	REFILL: 1 EXPIRES:	BOTTLE ADDITIONAL LABEL	DOSES	MINIME	REFILL: EXPIRES:	-32a
-			32			BEC	EIPT	-74
(GEN	IERIC NAME:						
(COM	MON USES:						
	нои	V TO USE THIS	MEDICINE:					_66
-	CAU	TIONS:	er.	÷		DUPLICAT	E RECEIPT	
F	POS	SIBLE SIDE EF	FECTS:				L IILOLII I	·
BEFORE USING THIS MEDICINE:								
(OVE	RDOSE:				; ; ;		·
ADDITIONAL INFORMATION:						† 		

Fig. 4









₹